

A motion to reconsider was laid on the table.

CHILDREN'S HOSPITAL GRADUATE MEDICAL EDUCATION REAUTHORIZATION

(Mr. CICILLINE asked and was given permission to address the House for 1 minute.)

Mr. CICILLINE. Mr. Speaker, this week the House passed legislation to reauthorize the Children's Hospital Graduate Medical Education program. While a celebration should be in order, I am disappointed the bill was considered on suspension, preventing amendments to improve the program.

The bill passed by this Chamber fails to correct a glaring mental health parity issue, which prevents the inclusion of children's psychiatric teaching hospitals in this program. Because these hospitals are classified by Medicare as psychiatric hospitals rather than as children's hospitals, they are ineligible for entry into the program.

In order to fix this oversight and to address the acute need for additional health care providers trained in child psychiatry, I introduced legislation, H.R. 2558, the Children's Hospitals Education Equity Act, which would include certain children's psychiatric hospitals in the definition to determine eligibility.

I look forward to working with my colleagues on both sides of the aisle to correct this inequity and to advance our Nation another step closer to achieving full mental health parity.

GREGORY K. FRITZ: PARITY FOR KIDS' MENTAL HEALTH

[From the Providence Journal, Aug. 30, 2011]
(By Gregory K. Fritz)

Despite the passage of the federal mental-health parity bill, stigma and prejudice are still alive and well when it comes to legislation affecting children's psychiatric hospitals. The latest example of how our government continues to maintain discriminatory funding policies specifically directed against children with mental-health issues involves federal support for graduate medical education (GME).

Although this issue is far overshadowed by the federal debt issue, those who care about the mental health of children need to be aware that achieving true parity still entails overcoming significant obstacles. Getting children's psychiatric hospitals recognized as legitimate sites of medical education is one such obstacle on the road to real parity that has both symbolic and pragmatic importance.

The history of federal support for training physicians during their hospital residencies goes back to the establishment of Medicare, in 1965. Recognizing that America needs a steady supply of physicians in all the areas of medicine, and that their training carries substantial additional expense for teaching hospitals, Medicare authorization includes a per-resident reimbursement that is provided to hospitals through a complicated formula. One element for determining GME payments is the percentage of a hospital's reimbursement that comes from Medicare. That children's hospitals would thus be excluded from the program (because Medicare pays virtually zero for children's medical care) was

unintentional, but it took 34 years for this oversight to be corrected.

The Children's Hospitals Graduate Medical Education Payment Program (CHGME), in 1999, established a pool to provide residency education support to children's hospitals in a system modeled after the Medicare GME system. The unintentional disincentive to train pediatric generalists and specialists was removed and pediatric training accelerated dramatically. This year, a total of \$317.5 million offsets the training expenses of 5,500 residents at 46 children's hospitals, and the CHGME program is widely considered a success.

Parallel to the initial oversight in the Medicare bill, in the arcane definition of a children's hospital detailed in the CHGME regulations is language making it impossible for children's psychiatric hospitals to qualify. Only the most cynical observer would conclude that this was a deliberate attempt to exclude children's psychiatric hospitals and the child psychiatric and pediatric residents they train, especially since no medical specialty represents a greater shortage area than child and adolescent psychiatry. Yet, steady efforts since 2002 to correct this oversight have thus far been unsuccessful.

The CHGME reauthorization needed for the program to continue would seem to offer the ideal opportunity to end this de facto discrimination against children with mental-health problems. Sen. Sheldon Whitehouse and Representatives David Cicilline and James Langevin, all Rhode Island Democrats, have offered similar versions of a brief amendment to the reauthorization that would correct the language to reflect the original bill's intent.

If passed, it would admit four or five children's psychiatric hospitals that meet strict criteria into the pool of hospitals eligible for CHGME reimbursement. A larger taxpayer outlay is not requested; rather, the existing money would be spread slightly more thinly (an estimated 30 additional residents would be added to the current 5,500). One would think it a small price to pay to correct an injustice, but passage is far from guaranteed.

As a child psychiatrist working at Bradley Hospital, one of the psychiatric hospitals that would finally be included, I'm far from dispassionate about this issue. I see every day the agony experienced by families with autism, childhood suicide, adolescent substance abuse or pediatric bipolar disorder; it's different, but no less severe, than the pain associated with juvenile diabetes or leukemia. As are all mental-health professionals, I'm troubled by the months-long waiting lists that prevent children's access to child psychiatric services.

The distinction between psychological and physiological disorders is artificial and antiquated, reflecting outdated fears and prejudices. In short, I see no valid reason to perpetuate the exclusion of children's psychiatric hospitals from the mechanism designed to support physicians' training. Neither do the thousands of members of 39 national organizations who have signed on to a letter urging support of the Whitehouse amendment. Mental-health parity is the law in principle; the CHGME reauthorization should make it be the case in practice.

Gregory K. Fritz, M.D., is academic director at Bradley Hospital and the editor of the Brown University Child and Adolescent Behavior Letter.

SENATE BILL AND CONCURRENT RESOLUTION REFERRED

A bill and concurrent resolution of the Senate of the following titles were taken from the Speaker's table and, under the rule, referred as follows:

S. 633. An act to prevent fraud in small business contracting, and for other purposes; to the Committee on Small Business.

S. Con. Res. 17. Concurrent resolution expressing the sense of Congress that Taiwan should be accorded observer status in the International Civil Aviation Organization (ICAO); to the Committee on Foreign Affairs.

SENATE ENROLLED BILL SIGNED

The Speaker announced his signature to an enrolled bill of the Senate of the following title:

S. 846. An act to designate the United States courthouse located at 80 Lafayette Street in Jefferson City, Missouri, as the Christopher S. Bond United States Courthouse.

ADJOURNMENT

Mr. CASSIDY. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 12 o'clock and 50 minutes a.m.), the House adjourned until today, Friday, September 23, 2011, at 9 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

3187. A letter from the Secretary, Commodity Futures Trading Commission, transmitting the Commission's final rule — Agricultural Swaps (RIN: 3038-AD21) received August 23, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

3188. A letter from the Acting Administrator, Department of Agriculture, transmitting the Department's final rule — National Dairy Promotion and Research Program; Final Rule on Amendments to the Order [Docket No.: DA-08-07; AMS-DA-08-0050] (RIN: 0581-AC87) received August 22, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

3189. A letter from the Acting Administrator, Department of Agriculture, transmitting the Department's final rule — Irish Potatoes Grown in Washington; Modifications of the Rules and Regulations [Doc. No.: AMS-FV-11-0024; FV11-946-3 FIR] received August 22, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

3190. A letter from the Acting Administrator, Department of Agriculture, transmitting the Department's final rule — National Organic Program (NOP); Sunset Review (2011) [Document Number: AMS-TM-07-0136; TM-07-14FR] (RIN: 0581-AC77) received August 22, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

3191. A letter from the Acting Administrator, Department of Agriculture, transmitting the Department's final rule — Softwood Lumber Research, Promotion, Consumer Education and Industry Information Order [Document Number: AMS-FV-10-0015; FR] (RIN: 0581-AD03) received August 22, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

3192. A letter from the Under Secretary, Department of Defense, transmitting a report of a violation of the Antideficiency Act,